# TRAINING MODULE 4 STUDY PLAN

## Service Connection; Disability Compensation

#### **Objective:**

To learn how to assist a veteran with a claim for service-connected or other disability compensation, and to become familiar with the references used in these types of cases.

#### **References:**

Title 38, U.S. Code, Chapter 11.

38 Code of Federal Regulations Part 3, §§ 3.301–3.385; § 3.800; §§ 3.951–3.957; Part 4.

Adjudication Manual M21-1, Part I, Appendix B.

Adjudication Manual M21-1MR (Manual Rewrite), Part III, Subpart iv; Part IV, Subparts ii, iii.

VA Pamphlet 80-06-01, Federal Benefits for Veterans and Dependents.

#### **Instructions:**

Study the assigned reference materials to learn how service connection may be established for various conditions and what are the bases for payment of disability compensation. Although the program is called "Compensation and Pension," be careful not to confuse the different types of benefits. Pay very careful attention to the information given in the initial application for compensation, as that will be the basis for development of the claim.

#### **Summary:**

THE TERM "COMPENSATION AND PENSION" DENOTES THE VA MONETARY BENEFITS PAID on account of a veteran's disability or death. Although the terms are often used more or less interchangeably, they are in fact separate and distinct sets of benefits.

When we say compensation, we are usually talking about compensation for **service-connected disabilities**. When we say pension, we are referring to an income-based benefit for veterans who served during a period of war and who are totally disabled or who die from causes not related to service. Pension is discussed in a separate pair of modules.

#### 1. Service connection:

ERVICE CONNECTION IS THE RELATIONSHIP OF A PARTICULAR DISABLING CONDITION TO the veteran's service. This is accomplished by showing that a condition began during service (incurrence), or that a pre-existing condition was made permanently worse than it would have otherwise been (aggravation), or by the application of certain statutory presumptions.

Formal application for service-connected disability compensation is made by submitting a completed VA Form 21-526, *Veteran's Application for Compensation or Pension* (see pages 4-9 through 4-22 for a sample application), together with appropriate medical and other supporting evidence. An application for service-connected disability compensation may also be an application for nonservice-connected disability pension, if the veteran served during a wartime period *and* if he also completes the portions of the application pertaining to total disability and to family income and net worth. [38 CFR § 3.151(a)] Note the sample application shows Part D, (*Pension*) was also completed, so it would be a claim for both compensation and pension.

An **incurred** disability may have been directly caused by service (e.g., a combat wound), or it may be the remote result of some incident of service (e.g., cancer due to asbestos exposure), or it may have simply begun coincident with service (e.g., diabetes). It is not required that the condition be diagnosed during service or even be shown in the service records, only that the evidence taken as a whole shows that the condition must have begun during service, or was the result of service or some incident thereof. [38 CFR § 3.303(a)]

A pre-existing disability which becomes permanently worse during service will be held to have been **aggravated** by service, unless there is a specific finding that the increased severity is the result of the condition's natural progress. Generally, there is a presumption of aggravation when a pre-existing condition increases in severity during service. [38 CFR § 3.306]

For conditions which first appear after entering service, the veteran is presumed to have been in sound condition at the time of entry into service except for those conditions actually noted on the entrance examination (this does not include conditions recorded by history only). This presumption of soundness may be rebutted by clear and convincing evidence that the particular condition existed before the veteran entered service and was not aggravated by service.

[38 CFR § 3.304(b)]

Service connection based on either incurrence or aggravation during service is called **direct service connection**. Direct service connection may only be established for a chronic or permanent disability. This can be established in any of several ways:

- (1) The conditions listed in 38 CFR § 3.309(a) are chronic by definition, as a matter of law—if one of these conditions is properly diagnosed in service, then it does not matter how long after service the veteran first claims service connection or how long after service the condition again becomes manifest; it is considered to be the same condition as was shown in service, unless the present condition is clearly shown to be of intercurrent origin. [38 CFR § 3.303(b)]
- (2) Some disabilities are by their very nature permanent, such as amputations or scars resulting from burns, combat wounds or surgical procedures.

- (3) Continuity and chronicity may be factually established, by repeated episodes or recurrences of the condition during and/or after service. [38 CFR § 3.303(b)] The longer the interval between service and the time the veteran claims service connection, the greater the amount of evidence of continuity and chronicity generally required.
- (4) In all other cases, there must be medical evidence or a professional opinion linking or relating the current condition(s) to the disease, injury, or incident in service (the "nexus").

Certain chronic and tropical diseases will be **presumed** to have begun during service if they become manifest to a compensable (10% or more) degree within a specified time (generally, one year) after service, even though there is no evidence of the disease during service. These presumptions are intended to be liberalizing features, to allow service connection when the evidence would not otherwise support it. [38 CFR § 3.303(d)] Chronic diseases shown before service, but not during service, may be presumed to have been aggravated by service if they then again become manifest to a compensable degree within the specified time periods after service.

In addition, certain specified diseases are presumed to be the result of certain incidents of service (prisoner of war, participation in "radiation-risk" activities, herbicide exposure) if they become manifest to a compensable degree at any time after service (lifetime presumption). Other presumptive periods are specified for undiagnosed or other illnesses associated with service in the Persian Gulf area (until September 30, 2011), and for certain diseases associated with herbicide exposure (one year after leaving Vietnam for chloracne, porphyria cutanea tarda, and peripheral neuropathy). [38 CFR § 3.307(a)]

The diseases to which presumptions may be applied are listed in 38 CFR § 3.309 (§ 3.317 for Gulf War illnesses). The various time limits for manifestation of presumptive diseases are listed under 38 CFR § 3.307(a). *ONLY THE DISEASES SPECIFICALLY LISTED, AND NO OTHERS*, are subject to presumptions of service connection. These presumptions may be rebutted by affirmative evidence showing that the disease being claimed was either due to intercurrent causes or could not have had its inception within the specified time frame(s), or, if the disease pre-existed service, that any increase in its severity was due to its natural progress.

No presumptions may be invoked on the basis of the degree of advancement of the disease when first definitely found (after the presumptive period) to establish that the disease was present to the required extent during the applicable presumptive period. [38 CFR § 3.307(c)] This does not mean that the disease must be *diagnosed* during the presumptive period, only that there is acceptable evidence of characteristic manifestations of the disease to the required degree, followed without an unreasonable lapse of time by a definitive diagnosis. (Note, however, that the degree of advancement of a condition at the time it is first found *may* be a basis for finding that the condition was present but unrecognized while the veteran was still on active duty.)

Secondary service connection may be established for a new condition which is directly and proximately caused by an established service-connected condition. This includes those conditions which are side-effects or complications of treatment for a service-connected condition. [38 CFR § 3.310(a)] Under certain circumstances, secondary service connection may also be established for a nonservice-connected condition which is aggravated beyond its normal progression by a service-connected condition. [38 CFR § 3.310(b)]

There are special rules for establishing service connection for a hearing loss. Notwithstanding that no hearing loss is shown on entrance examination, and that while on active duty the veteran is diagnosed as having a hearing loss, service connection still may not be established for that hearing loss unless and until it meets the minimum levels set out in 38 CFR § 3.385.

Service connection may not be established for transitory illnesses or superficial injuries, which resolve or heal with no ascertainable chronic or permanent residuals. [38 CFR § 3.303(b)] Similarly, service connection may not be established for congenital or developmental defects such as a personality disorder or a simple refractive error of the eye. [38 CFR §§ 3.303(c), 4.9] Service connection by aggravation may not be established if the pre-existing condition does not become permanently worse during or after service, except for conditions which become symptomatic during or immediately following combat or internment as a prisoner of war. [38 CFR § 3.306(b)(2)] Remedial treatment in service for a pre-existing condition will not establish service connection unless the treatment is unsuccessful or otherwise aggravates the condition. [38 CFR § 3.306(b)(1)] Service connection may not be established for any disease or injury which is not incurred or aggravated in line of duty, or which is either the immediate or the remote result of the veteran's own willful misconduct. [38 CFR § 3.301(a)] Finally, service connection may not be established for any disability or death solely on the basis that it is the result of the veteran's use of tobacco products during service. This does not preclude service connection being established in the usual manner for any condition, notwithstanding that such condition was the result of the use of tobacco products during service, so long as the condition is shown by the evidence to have been incurred in or aggravated by service, or to have become manifest to the required extent during any applicable presumptive period after service. [38 CFR § 3.300]

There is no minimum length of service required to establish direct service connection (by incurrence or aggravation). Presumptions of service connection for a chronic or tropical disease require that the veteran have at least 90 consecutive days of active service during a wartime period or after January 31, 1946. [38 CFR § 3.307(a)(1)] Presumptions based on status as a prisoner of war generally require that the veteran have been held captive for at least 30 days, *except for* mental or emotional disorders (not dementias), residuals of frostbite, post-traumatic arthritis, hypertensive cardiovascular disease and atherosclerotic cardiovascular disease and their complications, including stroke, congestive heart failure, etc.. None of these above-named conditions have a minimum length of captivity requirement. [38 CFR § 3.309(c)] Other presumptions require affirmative evidence that the veteran met (or meets) specific requirements such as to exposure, service at specified locales during specified times, etc.

When service connection has been established for a condition under any provision of applicable law, including the provisions described above, such service connection may not be removed (severed) unless evidence clearly shows that the establishment of service connection was clearly and unmistakably erroneous, and that the continuation of service connection cannot be maintained or supported under any reasonable theory (the burden of proof being on the Government). [38 CFR § 3.105(d)] When service connection on any basis for any condition has been in effect for ten years, it becomes protected and may not be severed for any reason whatsoever, except upon a showing that it was based on fraud, or a showing that the veteran did not have the requisite service or character of discharge. [38 CFR § 3.957]

#### 2. Disability Compensation:

ISABILITY COMPENSATION IS THE MONTHLY MONETARY BENEFIT PAYABLE FOR SERVICE-connected disabilities. Compensation rates are not income-based—they are determined by the level of impairment as determined in accordance with the *Schedule for Rating Disabilities* [38 CFR, Part 4]. There are eleven possible levels of disability assignable for any condition, from 0% to 100%, in 10% increments.

Each listed degree of severity is based on the *average* impairment of earning capacity for a person with that condition at that level of symptomatology. [38 CFR § 4.1] The veteran's age is not considered in this determination. [38 CFR § 4.19] If there is more than one service-connected condition, the individual percentages are not added together to determine the overall degree of disability. Rather, they are *combined* in accordance with the combined ratings table set out in 38 CFR § 4.25.

When a disability has been evaluated at or above any given level for twenty years or more, the evaluation is protected and may not be reduced below that level for any reason other than a showing that it was based upon fraud. [38 CFR § 3.951] This applies both to individual evaluations and to the overall (combined) evaluations.

If the combined evaluation is 30% or greater, additional compensation may be payable for the veteran's dependents. If the veteran's spouse is disabled and in need of aid and attendance, additional amounts above the regular rates may be payable. Additional amounts may also be payable for the veteran's child or children up to age 18, or beyond age 18 if the child is attending an approved school (up to age 23), or if the child became disabled and permanently incapable of self-support (helpless) before age 18. Additional amounts may also be payable if the veteran's parents are dependent on the veteran for support.

If a veteran has multiple compensable (10% or more) service-connected conditions involving both arms or both legs or paired skeletal muscles, the combined evaluation for *only* those conditions is first found, before considering any other condition(s); 10% is then *added* (not combined) to that combined evaluation, and any other remaining service-connected conditions are then combined with that total in the usual manner. This is the "bilateral factor." [38 CFR § 4.26] The bilateral factor is not usually for application if the veteran is otherwise ratable at 100%; however, it may be used to reach an overall combined 100% rating. Also, if the veteran has multiple service-connected conditions with one single condition rated 100% plus other, separate, compensable conditions involving paired extremities or paired skeletal muscles, the bilateral factor may be used to reach an independent combined rating of 60% for entitlement to special monthly compensation (see below).

If a veteran has two or more service-connected conditions which are each individually rated as non-disabling (0%) but which taken together clearly interfere with normal employability, compensation may be authorized at the 10% rate, but not in combination with any other rating. [38 CFR § 3.324]

If service connection is established by aggravation, the degree of severity of the condition at the time the veteran entered service must be determined, if possible. That evaluation is then deducted from the current evaluation, and the resulting difference is the degree of aggravation. If the preservice degree of severity cannot be determined, no deduction is made. Also, if the condition is currently evaluated as 100% disabling no deduction is made. [38 CFR §§ 3.322, 4.22]

If a veteran is discharged from service while still convalescing from unhealed or incompletely healed wounds or injuries, a temporary 100% or 50% "pre-stabilization" rating, depending on the severity of the overall disability, may be immediately assigned without regard to other provisions of the *Schedule for Rating Disabilities*. This rating will remain in effect for a minimum of twelve months following discharge from service; a comprehensive VA examination *must* be accomplished not earlier than six months nor later than twelve months following discharge, which examination will then be the basis for a permanent rating. [38 CFR § 4.28]

If a veteran is hospitalized for more than twenty-one consecutive days for observation or treatment of a service-connected condition, a temporary 100% rating may be assigned for that condition without regard to other provisions of the *Schedule for Rating Disabilities*, from the date of hospital admission to the last day of the month of hospital discharge. Under certain circumstances, a period of post-hospital convalescence of one, two, or three months may also be assigned. [38 CFR § 4.29]

If a veteran undergoes surgical treatment for a service-connected condition, whether as an inpatient or as an outpatient, or has therapeutic immobilization by cast of one or more joints for a service-connected condition, and such treatment or immobilization requires a period of convalescence of one month or more, a temporary 100% rating may be assigned for that condition without regard to other provisions of the *Schedule for Rating Disabilities*, beginning the date of hospital admission or the date the outpatient treatment commenced and extending for a period of convalescence of one, two, or three months, as appropriate. In certain instances, the period of convalescence may be extended, up to a maximum of twelve months. [38 CFR § 4.30]

Additional rates of special monthly compensation are payable for the anatomical loss or loss of use of one or both hands, one or both feet, one or both eyes, or other specified organs or parts. This special monthly compensation is paid in addition to, or in some cases in lieu of, the regular rates of compensation otherwise payable. Special monthly compensation is also payable if the veteran has one single service-connected condition rated 100% disabling plus other, separate, service-connected condition(s) independently ratable at 60% or more in combination, or if the veteran is permanently housebound, or is in need of regular aid and attendance. [38 CFR § 3.350]

Veterans whose combined evaluations are less than 100% may still be rated as totally disabled and paid at the 100% rate, if they are unable to obtain and maintain substantially gainful employment because of their service-connected disabilities (individual unemployability). The basic schedular requirements are that the veteran must either have one single service-connected disability which is rated at 60% or more, or have multiple disabilities which combine to 70% or more with at least one disability rated at 40% or more.

For the purpose of establishing the single 60% or the single 40% disability, certain specified combinations of disabilities will count as a "single disability," such as:

- Multiple disabilities involving paired extremities (including the bilateral factor, where appropriate);
- Multiple disabilities involving a single body system (e.g., orthopedic, neuropsychiatric, etc.);
- Multiple disabilities arising from a common etiology or a single accident;
- Multiple injuries received in combat; or
- Multiple disabilities related to having been a prisoner of war.

Marginal employment, defined as earned annual income less than the poverty threshold for one person, is not "substantially gainful employment," and does not preclude a finding of individual unemployability if it would otherwise be appropriate. [38 CFR § 4.16(a)] To claim this additional benefit, a completed VA Form 21-8940, *Application for Increased Compensation Based on Unemployability*, must be submitted (see the sample application on pages 4-23 and 4-24).

The various rates of compensation and special monthly compensation are set out in Adjudication Manual M21-1, Part I, Appendix B.

Usually, only service-connected disabilities are considered in determining the levels and rates of disability compensation. There are two exceptions: First, if a veteran has loss or loss of use of paired extremities (arms, legs) or paired organs (eyes, ears, kidneys, lungs), and one extremity or organ is service-connected but the other extremity or organ is not service-connected (and not the result of willful misconduct), disability compensation (including special monthly compensation) is paid as though *both* were service-connected. [38 USC 1160, 38 CFR § 3.383]

Since these disabilities are at least in part service-connected, the veteran may be entitled to ancillary benefits flowing therefrom. However, if the veteran receives any payment from a judicial award, settlement, or compromise based on the loss or loss of use of the paired (nonservice-connected) extremity or organ, the additional portion of compensation based on that loss must be withheld to recover the amount of the award, settlement, or compromise. The veteran has an affirmative duty to report any such award, settlement, or compromise to VA. This requirement does not apply to Social Security or Workman's Compensation benefits, even if they were awarded by judicial proceedings. [38 CFR § 3.383(c), (d)]

The second exception is disability compensation under 38 USC 1151: if a nonservice-connected disabling condition is caused by or aggravated by VA examination, hospital care, medical or surgical treatment, Vocational Rehabilitation, or (beginning November 1, 2000) a program of Compensated Work Therapy under 38 USC 1718, then compensation is payable for that condition *as though* the condition was service-connected. Remember, however, that even though compensation is being paid, the condition is in fact *NOT SERVICE-CONNECTED* and should not be called such. Ancillary benefits beyond compensation are limited in Section 1151 cases: in general, they are restricted to the applicable priority medical care; a clothing allowance (where applicable); and, where the qualifying level of disability is present, an automobile and appropriate special adaptive equipment under 38 USC, Chapter 39 and special adapted housing under 38 USC, Chapter 21.

Compensation for disabilities under Section 1151 may be combined with compensation for any service-connected conditions the veteran may also have. If the veteran is awarded any amount from a judicial award, settlement, or compromise for the same condition(s) for which compensation under Section 1151 has been (or will be) authorized, the compensation otherwise payable for such condition(s) must be withheld until the full amount of the award, settlement, or compromise has been recovered. [38 USC 1151; 38 CFR §§ 3.358, 3.361, 3.800]

In general, Federal law prohibits **dual compensation** (payment from two or more Federal sources) based upon the same service and/or the same disability. For example, a veteran who is employed by the Federal government as a civilian and who is also receiving military retired pay must waive the retired pay to have that military service included in Civil Service computations of longevity and seniority. Similarly, a veteran receiving military retired pay, whether for length of

service or for disability, must waive an amount of retired pay equal to the rate of VA disability compensation payable (the "compensation offset") in order to be paid the VA compensation. If the VA compensation rate is greater than the veteran's retired pay, then the retired pay must be waived in its entirety for the full amount of compensation to be paid. Similar provisions apply when the veteran has been paid readjustment pay, severance pay, separation pay, etc.—generally, the full amount of such pay (or a specified percentage of it in certain cases) must be recovered from the VA compensation before compensation may be paid to the veteran. [38 USC 5304(a), 5305; 38 CFR §§ 3.750–3.754] There are two new exceptions to these rules:

First, a veteran who (1) had twenty years or more of qualifying active military, Reserve, or National Guard service creditable for longevity retirement, and (2) is rated by VA as being service-connected for any disability or disabilities and 50% or more disabled overall, may receive Concurrent Retirement and Disability Pay (CRDP). Essentially, the veteran's regular retired pay is fully restored, with the VA compensation simply added to it. For certain veterans the full amount of the benefit is being phased in over a multi-year period, depending on their VA rating. Although the VA compensation is not taxable, CRDP is taxable income, the same as regular retired pay. CRDP is also subject to the same collection actions as regular retired pay (e.g., alimony, child support, community property, etc.). The Defense Finance and Accounting Service (DFAS) is solely responsible for implementing this program. For veterans who qualify, the implementation is automatic; no action or application on the veteran's part is required. (See <a href="http://www.military.com/Resources/Resources/Content/0,13964,38378,00.html">http://www.military.com/Resources/Resources/Content/0,13964,38378,00.html</a>.)

The second exception is that a veteran who (1) had twenty years or more of qualifying active military or Reserve service creditable for longevity retirement, and (2) is rated by VA as having one or more compensable (10% or more) service-connected disabilities related to combat, may receive **Combat-Related Special Compensation** (CRSC) based on such combat-related disabilities (only). The amount of CRSC payable is the amount of VA compensation offset from the veteran's retired pay, based on (only) those disabilities which are determined to be combat-related. The individual service departments have exclusive jurisdiction and responsibility for determining whether any given disability is combat-related. Disabilities which are related to herbicide exposure, radiation exposure, poison gas exposure, or Gulf War illnesses will be presumed to be combat-related. PTSD will require documentation of combat origin. Like VA compensation, CRSC is not taxable. If otherwise appropriate, CRSC payments may be made effective retroactively to June 1, 2003.

(See http://www.defenselink.mil/prhome/docs/crsc\_jan05.pdf.)

A specific application is required for CRSC: DD Form 2860, Application for Combat-Related Special Compensation (CRSC), which is available online and may be downloaded from <a href="http://www.defenselink.mil/prhome/mppcrsc.html">http://www.defenselink.mil/prhome/mppcrsc.html</a>, or which may be requested from the appropriate Personnel Center for the veteran's branch of service. Necessary documentation to accompany the application may include (but is not limited to) a copy of the veteran's DD-214s, copies of VA rating decisions, copies of relevant pages from either or both service medical records and/or VA medical records, and copies of award citations or orders for Purple Heart(s) and other combat decorations.

For those veterans who would qualify under both CDRP and CRSC, until December 2005 they were paid under whichever program resulted in a higher dollar payment amount. Beginning December 2005, an annual open season has been established for eligible veterans to elect which program they wish to receive payments under during the coming year.



SAMPLE COPY OMB Approved No. 2900-0001 Respondent Burden: 1 hour 30 minutes (DO NOT WRITE IN THIS SPACE) VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION, VA Form 21-526, Part A- General information Please read the attached "General Instructions "before you fill out this form. What are you applying for? If you are unsure please refer to the "General Instructions" **SECTION** Tell us page 2 Section 1 - Preparing your application what you Fill out Part A of VA Form 21-526 and Parts B and C Compensation are applying Pension Fill out Part A of VA Form 21-526 and Parts C and D for Compensation and Fill out Part A of VA Form 21-526 and Parts B, C Check the box that says Pension 2a. Have you ever filed a claim with VA what you are applying 2b. I filed a claim for for. Be sure No (if-No, " skip Item 2b and go to Item 3) Compensation Pension to complete the other (if-Yes, "provide file number below) Parts you need. (Go to 2b. Other 3. What is your name? **SECTION** Tell us Doe John Joseph about П First Middle Last Suffix (If applicable) you 4. What is your Social Security 5. What is your sex? number? 237-77-7788 (Vale) We need information Female 6a. Did you serve under another name? about you to process 6b. Please list the other name(s) you served under your claim faster. (Yes If "Yes, " go to Item 6b) (No If' "No, " go to Item 7) 7. What is your address? Give us your current mailing address in the 1ARMY DR.. space provided. If it Street address, rural route, or P.O. Box Apt. number will change within the CA 95327 Jamestown next three months. ZIP Code Country give us that new 8. What are your telephone numbers? address in block 29 9. What is your e-mail address? "Remarks." Also in block 29, give us the (209) 555-1212 Daytime date you think you will (209) 555-1212 Evening be at the new address. 11. Where were you born? 10. What is your date of birth? CHINESE CAMP CA **USA** 07/04/1948 City State Country OWCP used to be 12a. Are you receiving disability 12b. When was the claim filed? called the U.S. Bureau benefits from the Office of Workers' Compensation (OWCP)? of Employees Compensation YES 🕅 NO 12c. What disability are you receiving benefits for? (If "Yes," answer 12b and 12c also) 13a. What is the name of your nearest relative or other person we could contact if necessary? 13b. What is his/her telephone number? (209) 555-1212 Daytime JANE E. DOE Evening (209) 555-1212 13c. What is this person's address? 13d. How is this person related to you? 1 ARMY DR. **SPOUSE** JAMESTOWN, CA 95327

JAN 2004 21-526

VAFORM

SUPERSEDES STOCKS OF VA FORM 21-526, APR 2003 WHICH WILL NOT BE USED.

21-526, Part A

page 1

SECTION Te	ell us out	14a. I entered active service the first time.	<b>14<i>b</i></b> . Place:		14c. My service number was	••		
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the General Instructions for VA Form 21-526.		(If "Yes," answer Items 17b,	17c, and 17d also)					
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Instructions 18I-18p	181. I entered reserve	service	- <del> </del>	18m. My service	e number was
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	☐ Yes ☒ No (If "Yes," answer Item 19d al	so)			
Instructions 19e-19i	19e. I entered Federal	Active Dutv			
If you were activated to		Place:		1.05.10	
Federal Active Duty under the Authority of Title 10, United States Code,	mo day yr			19f. My service r	number was
Complete 19e-19i for that service only	19g. I left Federal Activ	e Duty		<b>19</b> <i>h</i> . Branch of	<b>19</b> <i>i</i> . Grade, rank,
<ol> <li>Attach proof of this Federal Active Duty.</li> </ol>	mo,day yr	Place:		service	or rating
		Cuand			
Instructions 19j- I 9n	19j. I entered National				
If your disability occurred or was aggravated during any period of guard duty,	mo day yr	Place:		19k. My service	number was
Complete 19j-19n     for the period when     your disability occurred	191. I left National Guar	rd		40 D	<b>10</b> - O - 1
Attach proof that your disability occurred during National Guard	mo day yr	Place:		19m. Branch of service	<b>19</b> <i>n</i> . Grade, rank, or rating
Service.				21-526 Pa	rtA 1092193

SECTION VI	Tell us about your travel status	20a. Were you injured while traveling to or from your military assignment?  (If "Yes," answer Items 20b thru 20e and Section I of Part B- Compensation)  ☐ Yes	20b. When did your injury happen?  / / mo day yr	your i happe		20d. Whe you tr (Provide name of Doctor's offi etc.)	eated?	20e. What agency did you file an accident report with?
		<del></del>	<u> </u>	104			104	<u> </u>
SECTION VII	Tell us about your military benefits	21a. Are you receiving receive retired or r is based on your m  Yes No (if "Yes" answer Items 21 b to Item 22)	etainer pay that nilitary service?	s	<b>b.</b> What be service is posay your re etainer pay	eaying or w		What is the nthly amount?
application, you us that you war compensation military retired currently recei retired pay, you aware that we your retired pare your compensation tawarded. VA w Military Retired	u are telling on to get VA instead of pay. If you ive military u should be will reduce oay by the Of any that you are rill notify the	21d. What is your reti Length of servents.  21e. Sign here if you we see the servents.  21f .Have you receive	vice Disabilit want to receive mili	y tary ret ve any	tired pay <i>ir</i>	owing milita	/A comper	nsation —
of all benefit changes.		(Please check the appro	opriate boxes and to	ell us th	ne amount)			
You must sign want to keep g	getting	Benefit					Amou	nt
military retire instead of VA compensation	١ -	(1) Lump Sum Readju	stment Pay				\$	
Please see pag	ge 4 of the	(2) Separation pay un	der 10 USC 1174				\$	
General Instructi form 21-526.	ions for VA	(3) Special Separation	Benefit (SSB)				\$	
If you have gott military retired p compensation, amount you r	pay and VA some of the	(4) Voluntary Separati	on Incentive (VSI)				\$	
recouped by VA case of VSI, by Department of	A, or in the the	(5) Disability Severand	ce Pay (name of disabil	ity		}	\$	
Department of	Delense	(6) Other (tell us the ty	ype of benefit			)	\$	
If benefits are awa we will need more i	lirect leposit nformation arded nformation in	of the accounts or continue circumstances that you feel Department of Veterans Aff description of why you do no	ided personal check or rect Deposit. If you do below in Item 22. The e accounts are availab to receive a paper che would cause you a hai airs, 125 S. Main Stree ot wish to participate in	deposit not have Treasury e, you w ck. You dship to t Suite E Direct D	slip or provide a bank according to be able to can also requible be enrolled a, Muskogee beposit.	de the informa bunt we will g it is working o o decide whet juest a waiver in Direct Dep OK 74401-70	ation requested ive you a wait on making bath oner you wish if you have sosit. You car 1004, and give	ed below in Items ver from Direct nk accounts to sign-up for one other write to: us a brief
order to process an to you. Please read paragraph starting federal payments. either:	I the with, "All	22. Account number (P if applicable) ☐ Checking ☐ Savings Account number	I	certify	y that I do	provide tha not have a n or certifie	n account	with a
Attach a voided check, or		23. Name of financial						
2. Answer questions 22-24 to the righ		FIRST BANK OF 24. Routing or transit	and a community of the first of the community of the comm					
		056123321				21-5	26, Part A	page 4

## SECTION Give us IX your signatur

signature

1. Read the box that
starts, "I certify and
authorize the release
of information"

- 2. Sign the box that says, "Your signature."
- 3. If you sign with an "X," then you must have 2 people you know witness you as you sign. They must then sign the form and print their names and addresses also.

I certify and authorize the release of information:

I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

25. Your signature 26. Today's date 1-05 mo day yr

27a. Signature of witness (If claimant signed above using an "X")

27b. Printed name and address of witness JOHN JOSEPH DOW

1 ARMY DR.

JAMESTOWN, CA 95327

28c. Signature of witness (If claimant signed above using an "X")28b. Printed name and address of witness

#### SECTION



Remarks- Use this space for any additional statements that you would like to make concerning your application for Compensation and/or Pension

IMPORTANT
Penalty: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment which you are not entitled to.

**29.** Remarks (If you need more space to answer a question or have a comment about a specific item number on this form, please identify your answer or statement by the part and item number). (See page 5 "Tips For Filling Out Your VA Form 21-526.")

21-526, PatA

page 5



### VA Form 21-526, Part B: Compensation

Use this form to apply for compensation. Remember that you must also fill out a VA Form 21-526, Part A-General Information, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 2.

#### SECTION Tell us about your disability

In the table below, tell us more about your disability or disabilities. Be sure to:

- List all disabilities you believe are related to military service.
- List all the treatments you received for your disabilities, including
  - treatments you received in a military facility before and after discharge.
  - treatments you received from civilian and VA sources before, during, and after your service.

1. What disability are you claiming?	2. When did your disability begin?	3 When were you treated?	4a. What medical facility or doctor treated you?	4b. What is the address of that medical facility or doctor?
HYPERTENSION	02/01/1972 mo day yr	from to 02/01/1972 02/06/1973 mo day yr mo day yr	US ARMY HOSPITAL	FORT IRWIN, CA
HYPERTENSION	02/04/1972 mo day yr	from to 04/13/1974 01/31/2003 mo day yr mo day yr	VAMC-PALO ALTO	3801 Miranda Ave. Palo Alto, CA
TORN CARTILAGE RIGHT KNEE	08/10/1971 mo day yr	from to 08/10/1971 02/06/1973 mo day yr mo day yr	US ARMY HOSPITAL	FORT IRWIN, CA
LEFT LEG-NERVE & MUSCLE DAMAGE DUE TO SHRAPNEL	08/01/1969 mo day yr	from to 08/01/1969 08/14/1969 mo day yr mo day yr	MASH UNIT VIETNAM	9TH INF. VIETNAM
LEFT LEG	08/01/1969 mo day yr	from to 08/16/1969 12/31/1969 mo day yr mo day yr	US ARMY HOSPITAL	FORT IRWIN, CA
PROSTATE CANCER	07/15/2002 mo day yr	from to 07/15/2003 mo day yr mo day yr	VAMC, PALO ALTO	3801 Miranda Ave. Palo Alto, CA
	mo day yr	from to		
		from to		
	mo day yr	mo day yr mo day yr from to		
VA FORM 24 F26	mo day yr	mo day yr mo day yr		21-526, PatB page 1

VA FORM JAN 2004 **21-526** 

	any of the disabilities you	<ul> <li>5a. Were you exposed to Agent Orange or other herbicides?</li> <li>✓ Yes □ No</li> <li>(If "Yes," answer Items 5b and 5c also)</li> </ul>	5 <i>b</i> . What is your disability?	5c. In what country were you exposed?
	listed on		PROSTATE CANCER	
	Page 1 were	6a. Were you exposed to asbestos?	6b. What is your disability	/?
	because of exposures	Yes No (If "Yes," answer Item 6b and 6c also)	6c. When and how were	you exposed?
		7a. Were you exposed to mustard gas?	7b. What is your disability	/?
		☐ Yes 🛛 No	7c. When and how were	vou exposed?
		(If "Yes," answer Item 7b and 7c also)	, , , , , , , , , , , , , , , , , , , ,	уса опросод г
		8a. Were you exposed to ionizing radiation?	8b. What is your disability?	8c. When was your last exposure?
		☐ Yes ☒ No		
		(If "Yes," answer Items 8b, 8c, and 8d also)		mo day yr
		8d. How were you exposed to radiation?	Atmospheric testing Nagasaki/Hiroshima Other, describe	
		9a. Were you exposed to an environmental hazard in the Gulf War?	9 <i>b</i> . What is your disability?	9c. What was the hazard?
		Yes No (if "Yes," answer Items 9b and 9c also)		
		<b>10</b> <i>a</i> . Did you have a separation or retirement physical examination?	10 <i>b</i> . When was the exam?	10c. Where did the exam occur?
		✓ Yes ☐ No  (If "Yes," answer Items 10b and 1 Oc also)	10 <u>/10/1969</u> mo day yr	FORT BRAGG, NC
SECTION III	Tell us how your disabilities listed on Page 1 are related to your military Service	11. Explanation		
Your Name		Ŋ	Our Social Security Number	er
JOHN JOSEF	PH DOE	23	7-77-7788	26. PartB page 2

## Department of Veterans Affairs

VA Form 21-526, Part C- Dependency
Use this form to tell us more about your dependents. Remember that you must also fill out a VA Form 21-526, Part AGeneral Information, Part B and/or Part D, for your application to be processed. Be sure to write your name and Social
Security number in the space provided on page 3

SECTION Tell us about your marriage   Surviving Spouse   Divorced   Never married   NoTE: You should provide a copy of your marriage certificate.   2. When were you married?   10/17/1982   10/17/1982   SONORA, CA   SONORA, CA   10/17/1982   SONORA, C	Security number in the s	pace provided on page 3.		
your marriage NOTE: You should provide a copy of your marriage certificate.  2. When were you married?  10/17/1982  10/18/19/1982  10/18/19/1982  10/18/19/1982  10/18/19/1982	SECTION Tell us	1. What is your marital status?		
MOTE: You spouse died, you are "divorced," or "never married" skip to Section III beginning on page 2)  NOTE: You should provide a copy of your marriage certificate.  10/17/1982			☐ Divorced ☐ Never married	
NOTE: You should provide a copy of your married?    10/17/1982	-			
should provide a copy of your marriage certificate.  10/17/1982	_	(,		ge 2)
10/17/1982   SONORA, CA		u 2. When were you married?	3. Where did you get married?	
10/17/1982   SONORA, CA			(city/state or country)	
### AFFORM  ### AFFORM  #### AFFORM  ###################################	•	ur 10/17/1982	SONORA CA	
4. What is your spouse's name?    First   Middle   Last			557.5143, 577	
Spouse's name?   Strict   Middle   Last	certificate.			
5. When is your spouse's birthday?    08/15/1950		4. What is your	E DO	<b>-</b>
5. When is your spouse's birthday?    08/15/1950		spouse's name?		
number?  123-45-6789  7a. Is your spouse also a veteran?  Yes ⊠ No (If "Yes." answer Item 7b also)  8. Do you live with your spouse?  Yes  No  9. What is your spouse's address? 1 ARMY DR. Street address, rural route, or P.O. Box  JAMESTOWN  CA  95327  City  State  7b. What is your spouse's VA file number (If any)?  1 APMY DR.  Street address, rural route, or P.O. Box  Apt. number  JAMESTOWN  CA  95327  City  State  7b. What is your spouse's VA file number (If any)?  1 Apt. number  JAMESTOWN  1 Apt. number  JAMESTOWN  11. How much do you contribute monthly to your spouse's support?  \$  12. How were you married?  a. ⊠ Ceremony by a clergyman or other authorized public official d. □ Proxy b. □ Common-law  e. □ Other (please describe in the space by the proxy)  Other (please describe in the space by the proxy)		First	Middle Las	
7a. Is your spouse also a veteran?    Yes   No		5. When is your spouse's birthday?	6. What is your spouse's Social number?	Security
Yes   No (If "Yes," answer Item 7b also)    8. Do you live with your spouse?     Yes   No    9. What is your spouse's address?   1 ARMY DR.   Street address, rural route, or P.O. Box   Apt. number    JAMESTOWN   CA   95327    City   State   Zip code   Country    10. Tell us why you are not living with your spouse   support?    11. How much do you contribute monthly to your spouse's support?    \$ 12. How were you married?    a.   Ceremony by a clergyman or other authorized public official   d.   Proxy    b.   Common-law   e.   Other (please describe in the space by the state of the space of of the			123-45-6789	
8. Do you live with your spouse?    Yes			7b. What is your spouse's VA file (If any)?	e number
Yes				
1 ARMY DR.  Street address, rural route, or P.O. Box  Apt. number  JAMESTOWN  CA  95327  City  State  Zip code  Country   10. Tell us why you are not living with your spouse  11. How much do you contribute monthly to your spouse's support?  \$  12. How were you married?  a.  Ceremony by a clergyman or other authorized public official d.  Proxy  b.  Common-law  e.  Other (please describe in the space be composed to the		∑ Yes		
JAMESTOWN City State Zip code Country  10. Tell us why you are not living with your spouse  11. How much do you contribute monthly to your spouse's support?  \$ 12. How were you married?  a.  Ceremony by a clergyman or other authorized public official d.  Proxy  b.  Common-law e.  Other (please describe in the space be contribute monthly to your spouse's support?  Common-law  Other (please describe in the space be contribute monthly to your spouse's support?				
10. Tell us why you are not living with your spouse  11. How much do you contribute monthly to your spouse's support?  \$  12. How were you married?  a.   Ceremony by a clergyman or other authorized public official d.   Proxy  b.   Common-law  e.   Other (please describe in the space be monthly to your spouse's support?  Other (please describe in the space be monthly to your spouse's support?		Street address, rural route, or P.O. Box	Apt. number	_
10. Tell us why you are not living with your spouse  11. How much do you contribute monthly to your spouse's support?  \$  12. How were you married?  a.   Ceremony by a clergyman or other authorized public official d.  Proxy  b.   Common-law  e.   Other (please describe in the space be monthly to your spouse's support?		JAMESTOWN CA	95327	
with your spouse monthly to your spouse's support?  \$  12. How were you married?  a.   Ceremony by a clergyman or other authorized public official d.   Proxy  b.   Common-law  e.   Other (please describe in the space be described)				_
12. How were you married?  a.   Ceremony by a clergyman or c.   other authorized public official d.   Proxy  b.   Common-law  e.   Other (please describe in the space by the				
a. Ceremony by a clergyman or c. Tribal other authorized public official d. Proxy b. Common-law e. Other (please describe in the space b			\$	
other authorized public official d. Proxy b. Common-law e. Other (please describe in the space b		12. How were you married?		
other authorized public official d. Proxy b. Common-law e. Other (please describe in the space b		_	_	
b. Common-law e. Other (please describe in the space b			c. 🔲 Tribal	
b. Common-law e. Other (please describe in the space b		other authorized public official	d. Proxy	
VA Form 24 F20		b. Common-law	_ ,	space below)
/A Form 24 FOC				_
JAN 2004 21-526 21-526 Part C page	/A Form IAN 2004 <b>21-526</b>		21-526, Part C	 page 1

SECTION II NOTE: Yo copies of death certi	Tell us about any previous marriages u should provide divorce decrees of	• Yo	<b>e table</b> below, tell us about ur previous marriages, and ur spouse's previous marr	b			
Your previou	ıs marriages	.1					
<b>13<i>a.</i> How</b> ma	ny times have	you be	en married before? ONI	<u> </u>			
13 <i>b.</i> When were you married?	<b>13c.</b> Where we married?	re you	13d. Who were you married to?	13e. When did your marriage end?	13f. Why did marriage end?	your 13	g. Where did your marriage end?
	(city/state or cou	ntry)	(first middle initial last)	endr	(death, div	orce) (ci	ty/state or country)
11/22/1972 mo day yr	DELL CITY, (	)K	AMBER JONES	04/21/1981 mo day y	r DIVORCE	SO	NORA, CA
mo day yr				mo day y	r		
-	s previous ma		s urrent spouse been marrie	ed before?	NONE		
14b. When was your spouse married?	14c. Where w your spouse m	arried?	14d. Who was your spouse married to?  (first, middle initial, last)	14e. When did your spouse's marriage end?	14f. Why did spouse's marriage (death, di	s end?	g. Where did your spouse's marriage end? city/state or country)
mo day yr				mo day yı	-		
mo day yr				mo day yı			
SECTION III	Tell us about your other dependents	(Question) biolog unma be un be a	s section we want to know stion 15) and more about you gical children, adopted children adopted and: nder the age of 18, or to least 18 but under 23 and become permanently under the age of 18, or the age become permanently under 23 and become permanently under 23 and become permanently under 25.	our dependender, and step	t children. VA n children as depe approved course	nay recognize andent. These e of education	e a veteran's e children must be on, <b>or</b>
		15.	Are your parents financia ☐ Yes ☒ No (If		on you? uest additional inform	nation from you	later.)
You should a copy of th record of bi	e public	16.	Do you have dependent of	children?		dependent you have?	
each child of the court of adoption adopted chi	or a copy record for each		(es (If "No," Skip Items 17-21 f.) Go of page 3 and write your name and Social Security number.)	to the bottom	Give us more inform tables on the next p		
		<u> </u>	No				
					:	21-526, PatC	page 2

SECTION III	Tell us about	your dependents (cor	ntinued)					
18a. What is the name of your unmarried child(ren)?	<b>18</b> <i>b</i> . Date and place of birth	18c. Social Security Number	19a. Biologica	19b. Adopted	19C. Stepchild	20a. 18-23 yrs. old and in school	20b. Seriously disabled before	20c. Child previously married
(first, middle initial, last)	(city/state or country)		1			SCHOOL	age 18	marrieu
JANICE DOE	04/04/1985 mo day yr Place: SONORA, CA	241-36-6666						
	03/08/1989 mo day yr Place:		×					
SUSIE DOE	SONORA, CA	241-36-6667						
	mo day yr Place:							
	mo day уг Place:							
(If "N	" skip Items 21b thru name and Social Secul er below.) o " complete Item 21 b (Items 21c - 21f) and w name and Social Secu	21f and write	How man not live w <u>NONE</u>	y of the chith you?	nildren do			
21c. What is the na of your child?		What is your child's complete address?	the lives v	hat is the naperson your with (If application)	child cable)?	contr	How much ibute each upport of y	month to
			1. <del>11 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</del>			\$		<u>.</u>
						\$		
						\$		
						\$		
Your name			Y	our Social	Security	Number		
JOHN JOSEPH DOE			23	7-77-7788				

21-526, Part C page 3

#### Department of Veterans Affairs VA Form 21-526, Part D- Pension

Use this form to apply for pension. Remember that you must also fill out a VA Form 21-526, Part A- General Information, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 4.

SECTION Tell us	1a. What disability(ies) prevent you from working?	1b. When did the disability(ies) begin?
about your disability and background  Complete this section if you are claiming pension because of permanent	#1 HYPERTENSION  #2 LEG AND MUSCLE DAMAGE  #3 PROSTATE CANCER  2. Are you claiming a special monthly pension because you need the regular assistance of another person, are blind, nearly blind, or having	#1 02/01/1972 #2 08/01/1969 #3 07/15/2003 mo day yr  3a. Are you now, or have you recently been hospitalized or given outpatient or home-based care?
and total disability not caused by your military service.	severe visual problems, or are housebound?  Yes No  3b. Tell us the dates of the recent hospitalization or care	☐ Yes ☒ No (If "Yes," answer Items 3b and 3c also)  3c.What is the name and complete mailing address of the facility or
Attach current medical evidence showing that you are permanently and totally disabled.	Began mo day yr Ended mo day yr	doctor?
Note: If you are a veteran who is age 65 or older or determined to be disabled by the Social Security Administration, you DO NOT have to submit medical evidence with your application.	mo day yr  4a. Are you now employed?  ☐ Yes ☒ No ☐ (If "No," answer Item 4b also)  4c. Were you self-employed before becoming totally disabled?  ☒ Yes ☐ No ☐ (If "Yes," answer Item 4d and 4e also)  4e. Are you still self-employed?  ☐ Yes ☒ No ☐ (If "Yes," answer Item 4f also)	4b. When did you last work?  mo day yr  4d. What kind of work did you do?  CABINET MAKER  4f. What kind of work do you do now?
	4g. Have you claimed or are you receiving disability benefits from the Social Security Administration (SSA)?  ☐ Yes ☐ No	4h. Circle the highest year of education you completed: Grade school 1 2 3 4 5 6 7 8 9 10 (11) 12 College 1 2 3 4 OVER 4
	4i. List the other training or experience you h NONE	nave and any certificates that you hold.
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SECTION Tell us	In the table below, tell us self-employment, for one	about all of yo year before yo	our employm ou became d	ent, including isabled to the	e present.
5a. What was the name and address of your employer?	<b>5b.</b> What was your job title?	<b>5c</b> . When did your work begin?	5d. When did your work end?	<b>5e.</b> How many days were lost due to disability?	5f. What were your total annual earnings?
SELF EMPLOYED	CABINET MAKER	1 <u>967</u> mo day yr	1995 mo day yr	3 MONTHS	\$17,916.00
		mo day yr	mo day yr		\$
		mo day yr	mo day yr		\$
SECTION Tell us if you are in a nursing home	In this section, tell us if you more information about the r		j home. If you	are in a nursin	ig home, give us
To get your claim processed faster, provide a statement by an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental	6a. Are you now in a nursin  ☐ Yes ☒ No (If "yes," answer Item 6b also)	ng home?		is the name a ng address of tl r?	
disability and tells us the daily charge for your care.	6c. Does Medicaid cover al your nursing home cost  ☐ Yes ☒ No  (If no, answer Item 6d al	ts?		you applied fo	or Medicaid?
SECTION Tell us the net worth of you and your dependents	In this section, we ask you to of your dependents. You will reference to five the control of your dependents. You will reference the control of the control of the control of the control of the you can subtract mortgages of the control of the you can report farms or building that you live in as you can report farms or building that you live in as you can report farms or building that you live in as you can report farms or building that you live in as you can report farms or building that you live in as you can report farms or building that you live in as you will be control of the cont	need to enter thing your net worth market value of s, etc.) on any property, ur primary resid	s information i except those i your real esta and the value ence.	n the tables on tems you use e te any amounts of the house or	page 3. veryday (See that you owe part of a
VA cannot pay you pension if your <b>net</b> worth is sizeable.	Definitions: Net worth is the market value or other claims against the pr a reasonable area of land it s you use everyday like your ve	operty. However	r, net worth do l also does not	es not include t	he house you live in or
			Go	to Page 3 and	fill out the table.

21-526, Part D

Page 2

an anion					
	ll us about y	our net worth and	d your dependents	s' net worth.	
	For items 7a-h p none, write "O"	rovide the amounts. or "None"	if and the state of the state o		
				Child(ren)	
Source	Veteran	Spouse	I. Name:	II. Name:	III. Name:
			(first, middle initial, last)	(first, middle initial, last)	(first, middle initial, last)
7a. Cash non-interest bearing bank accounts					
<b>7b.</b> Interest bearing bank accounts, certificates of deposit (CDs)					
7c. IRAs, Keogh Plans, etc.					
7d. Stocks and bonds					
7e. Mutual funds					
7f. Value of business assets					
7g. Real property (not your home)					
7h. All other property					
SECTION Tell us about incom you ha receiv and yo expec receiv	the e In this serve information ou Repo t to Do not if you "Unknot If you "None" If you In the control of the con	d and the income you tion in the tables on it the total amounts of report the same in expect to receive a wn" in the space. do not receive any in the space. are receiving mont	bu expect to receive for Page 4. In these tabe before you take out official payment, but you do payments from one of the benefits, give us a possible payment of the paymen	deductions for taxes, i	vill need to enter this  nsurance, etc.  will be, write  list, write "O" or  cent award letter.
Payments from a source will be counted unless t law says that the don't need to be counted. VA will determine any ar that does not count.	income property of a bus months this form	ou receive any from rental or from operation iness within 12 of the day you sign 1? es  No	9. Will you receive any income from the operation of a farm within 12 months of the day you sign this form?   Yes N	money from a corporation, or of personal injumonths of the coform?	pect to receive civilian agency, individual, because ury or death within 12 day you sign this

monthly income  11a. Social Security  11b. U.S. Civil Service  11c. U.S. Railroad Retirement  NON  11d. Military Retired Pay  11e. Black Lung Benefits  NON  11f Supplemental Security (SSI) Public Assistance)  11g. Other income received monthly (Please write in the source below.)  NON  Next 12 months  Sources of income for the next 12 months	Veteran  NE  NE  NE  NE  NE  NE	Spous  471.00  NONE  NONE  NONE  NONE  NONE	JAN (first. 471.0 NON NON NON NON NON	NICE middle initial, last) 0 E E E E		III. Name: (first, middle initial, last)
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1f Supplemental Security SSI) Public Assistance) NON  1g. Other income received monthly (Please write in the source below:)  NON  Next 12 months Tell uses the source of income for the next 12 months  12a. Gross wages	NE NE us about of	NONE NONE ther incom	NON NON ne for you a	E E	NONE NONE endents	
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for the next 12 months  12a. Grosswages	Veteran				Child(ren)	
12a. Gross wages		Spous	se JAN	ne: NICE	II. Name: SUSIE	III. Name:
and calany			(first, r	middle initial, last)	(first, middle initial, last)	(first, middle initial, last)
	NE	NONE	NON	E	NONE	
12b. Total interest and dividends NOI	NE	NONE	NON	Е	NONE	
12c. Worker's compensation for						
injury NO	NE	NONE	NON	Е	NONE	
12d. Unemployment compensation NO	NE	NONE	NON	Е	NONE	
12e. Other military benefit (Please write n the source below:)						
NO	NE	NONE	NON	Е	NONE	
12f. Other one-time benefit (Please write in the source below:)						
NO		NONE	NON		NONE	
SECTION VI ded oblibee	ductible from you igation to support en awarded. Wh	ur income. Show t. Also, show me nen determining Do not include a	the amount of u dical, legal or oth your income, we	nreimbursed medica er expenses you paid may be able to ded	al expenses you paid for yourse d because of a disability for which duct them from the disability b	es actually paid by you may be elf or relatives you are under a ich civilian disability benefits hav benefits for the year in which the duction in line 1. If more space
completed only if you are	13A. AMOUNT		13B. DATE	13C. PURPOSE (Doctor's fees, hospital	13D. PAID TO (Name of doctor, hospital,	13E. DISABILITY OR RELATIONSHIP OF PERS FOR WHOM EXPENSES P
applying for nonservice-connected pension.	.14		D MANAGEMENT	charges, Attorney fees, e PRESCRIPTIONS	tc) pharmacy, Attorney, etc.) LONGS DRUGS	FOR WHOM EXPENSES P SELF & FAMILY
				Van : C - 1	J. Cooumity, Neverly	
Your name				Your Socia	l Security Number	

SAMPLE COPY

OMB Approved No. 2900-0404 Respondent Burden: 45 minutes

Department of Veterans Aff	airs						R INCREAS EMPLOYA		
NOTE: This is a claim for compensation benefits b connected disability(ies) which has/have prevented ye	ased on u	nemployabi curing or fol	lity. When yellowing any s	ou c	complete this form	you are claimi cupation. Answ	ng total disability er all questions full	because of a service- y and accurately.	
1. VA FILE NUMBER 23, 985, 947-00	2. VETERAN'S SOCIAL SECURITY NUMBER 237-72-9999			3. DATE OF BIRTH 07/22/1947					
4. NAME OF VETERAN (First, Middle, Last) (Type or Print,	)								
					11	0 Rich Drive	a		
JETHRO BODINE						Hills, CA			
					DICAL TREATMI				
6. WHAT SERVICE-CONNECTED DISABILITY PREVENTS YOU FROM SECURING OR FOLLOWING ANY SUBSTANTIALLY GAINFUL OCCUPATION?	7. HAVE YOU BEEN UNDER A DOCTOR'S CARE AND/OR HOSPITALIZED WITHIN THE PAST 12 MONTHS?				DR'S CARE HE PAST	8. DATE(S) OF TREATMENT BY DOCTOR(S)			
PTSD; LOSS OF LEFT HAND  9. NAME AND ADDRESS OF DOCTOR(S)	10 NAMI	E AND ADDE	YES	SPIT	·AI	01/01/1999 TO PRESENT			
3. NAME AND ADDRESS OF DOCTOR(S)	TO, NAME	L AND ADDI	(200 01 110)	0111	AL	11. DATE(3) OF HOSPITALIZATION			
LOS ANGELES PTSD CLINIC					N//				
VAMC-LOS ANGELES, CA	SE/	CTION 11	N/A	ENT	STATEMENT	14.000	N/A		
12. DATE YOUR DISABILITY AFFECTED FULL TIME			WORKED FU			14. DATE YOU	14. DATE YOU BECAME TOO DISABLED TO WORK		
02/20/1995			02/20/100	5		02/20/1995			
15A. WHAT IS THE MOST YOU EVER EARNED IN ONE YEAR?	15B. WHA	02/20/1995 15B. WHAT YEAR?			15C. OCCUPATION DURING THAT YEAR				
\$35,000.00	<u> </u>		1994			OIL TYCOON			
16. LIST ALL YOUR EMPLOYN			1	T			1	KED F. HIGHEST GROSS	
A. NAME AND ADDRESS OF EMPLOYER		TYPE OF WORK	C. HOUR PER WEE	S K	D. DATES OF E	TO	E. TIME LOST FROM ILLNESS	EARNINGS PER MONTH	
SELF EMPLOYED		OIL	40				3		
WILL COUNTY, BEVERLY HISS, CA		YCOON	HOURS	S	1967	1995	MONTHS	\$2,916.00	
				1					
G. INDICATE YOUR TOTAL EARNED INCOME FOR TH	E PAST 1:	2 MONTHS				OYED, INDICAT	E YOUR CURREN	MONTHLY EARNED	
s NONE s INCOME N/A									
				E/EXPECT TO RECEIVE 19. DO YOU RE REMENT BENEFITS? WORKERS			ECEIVE/EXPECT TO RECEIVE COMPENSATION BENEFITS?		
XYES ☐ NO (If "Yes," give the/acts in Item 24) ☐ YES ☒ NO				YES NO					
20. HAVE YOU TRIED TO OBTAIN EMPLOYMENT SIN				TO V	NORK?		· · · · · · · · · · · · · · · · · · ·		
YES NO (If "Yes, " complete Items A, B, and Q					D. TV05-05				
A. NAME AND ADDRESS OF EMPLOYER					B. TYPE OF	WORK	C. DA	ATE APPLIED	
							-		
							1		

VA FORM **21-8940** MAR 2000

EXISTING STOCKS OF VA FORM 21-8940, DEC 1994, WILL BE USED.

SECTION	N III - SCHOOLI	IG AND OTHE	R TRAINING	0.73	F450)	
21. EDUCATION (Circle highest year completed)						
GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHO	OOL 12	2(3)4 CO	LLEGE 1 2 3		
22A. DID YOU HAVE ANY OTHER EDUCATION AND TRAINING BI				LLEGE 1 2 3	, 4	
YES NO (If "Yes," complete Items 22B and 22C)						
22B. TYPE OF EDUCATION	OR TRAINING			22C. DATES OF TRAINING		
				BEGINNING	COMPLETION	
23A. HAVE YOU HAD ANY EDUCATION AND TRAINING SINCE YO	OU BECAME TOO	DISABLED TO V	WORK?			
YES NO (4 "Yes," complete Items 23B and 23C)						
23B. TYPE OF EDUCATION	OR TRAINING		-		OF TRAINING	
				BEGINNING	COMPLETION	
24. REMARKS		<del> </del>	i		1	
SECTION IV - AU						
AUTHORIZATION FOR RELEASE OF MEDICAL INFORMA any purpose or that I have consulted professionally may fur						
confidential.	,			, բ		
AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION: I consent that any employer that has employed me for the past five years may furnish to						
VA any information about myself and I waive any privilege which	ch makes this infor	mation confider	ntial.			
CERTIFICATION OF STATEMENTS: I CERTIFY THAT as a result of my service connected disabilities, I am unable to secure or follow any substantially gainful						
occupation and that the statements in this application are true and complete to the best of my knowledge and belief and understand that these statements will be considered in determining my eligibility for VA benefits based on unemployability because of service-connected disability.						
I UNDERSTAND THAT IF I AM GRANTED SERVICE-C MUST IMMEDIATELY INFORM VA IF I RETURN TO W BEGIN WORK MAY BE CONSIDERED AN OVERPAYME	ONNECTED TO	TAL DISABIL	ITY BENEFITS E	ASED ON MY UNEM	PLOYABILITY THAT I	
BEGIN WORK MAY BE CONSIDERED AN OVERPAYME	NT REQUIRING	REPAYMENT	TO VA.	SABILITY BENEFITS	PAID TO ME AFTER I	
25. SIGNATURE OF CLAIMANT 26. DATE SIGNE		D	27. TELEPHONE NUMBER(S) (Include Area Code) A. DAYTIME B. NIGHTTIME			
( This & Line	1-7-05	•	(310) 555-121	l	555-1212	
WITNESS TO SIGNATURE OF CLAIMANT IF MADE BY	"X" MARK. NOT.	E: Signature ma	ade by mark must h			
traking the statement is personally known and the signature and	address of such wi			,	•	
28A. SIGNATURE OF WITNESS		28B. ADDRESS	S OF WITNESS			
29A. SIGNATURE OF WITNESS	*	29B. ADDRESS	S OF WITNESS			
PENALTY: The law provides severe penalties which include f			he willful submission	on of any statement or ev	vidence of a material fact,	
knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.  PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure						
is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Information submitted is subject to verification through computer matching programs with other agencies.						
RESPONDENT BURDEN: VA may not conduct or sponsor, an Control Number. Public reporting burden for this collection	d respondent is no of information is	t required to res estimated to a	pond to this collect verage 45 minutes	ion of information unless per response, including	s it displays a valid OMB g the time for reviewing	
Control Number. Public reporting burden for this collection instructions, searching existing data sources, gathering and m comments regarding this burden estimate or any other aspect of	aintaining the dat of this collection of	a needed, and c of information.	completing and revi call 1-800-827-100	ewing the collection of 0 for mailing information	information. If you have on on where to send your	
comments.						

- Notes -

- Notes -

Stud	y Q	)uesi	tions:

Using the assigned	references and a	reading materials,	answer the follo	wing questions:

- Service connection may not be established for any condition unless it is shown in the service records. (T/F)
- **2.** Cite the regulation which defines the level of severity required to establish service connection for hearing loss.
- 3. Is asthma a disease which can be service-connected if shown within one year after service even though there is no evidence of it in the service record? (Y/N)
- **4.** A person is considered to be healthy and in sound condition when entering service except for those defects actually shown on the entrance examination. This is called:
- 5. If a pre-existing condition becomes symptomatic during or immediately after combat or while the veteran is a prisoner of war, that condition will be considered to have been aggravated. (T/F)
- **6.** All veterans who served in Vietnam or the waters offshore during the Vietnam Era are considered to have been exposed to herbicides. (T/F)
- 7. A veteran is rated 30% for a heart condition, 20% for a knee condition, and 10% for hearing loss. His combined evaluation is: \_\_\_\_\_\_%.
- **8.** Can service connection be established for an injury suffered by a veteran while in a program of Vocational Rehabilitation? (Y/N)
- **9.** What is the presumptive period for diseases specific to former prisoners of war?

10.	Is there a minimum length of service requirement for direct service connection? (Y/N)
11.	What is the minimum combined evaluation for which additional compensation for dependents may be paid?%.
12.	What is the presumptive period for multiple sclerosis?
13.	What is the presumptive period for lung cancer for a Vietnam veteran?
14.	Which of the following dental conditions may be service-connected for compensation purposes?  a. Carious teeth  b. Periodontal disease  c. Replaceable missing teeth  d. None of the above
15.	For a veteran who was exposed to ionizing radiation in the course of his or her regular duties, only those conditions listed in 38 CFR § 3.311(b)(2) may be recognized as having been caused by radiation exposure. (T/F)
16.	A veteran is rated 30% for a combat injury to the left arm and 30% for a combat injury of the right arm. He is unable to work because of these injuries. Does he meet the requirements for a rating of total disability because of individual unemployability? (Y/N)
17.	What is the term used when a particular condition is not listed in the Rating Schedule so VA uses the rating criteria for another condition that affects the same body system and has similar symptomatology?
18.	When service connection by aggravation is established for a pre-existing condition, the pre-service severity of the condition must be deducted from the current severity to determine the level of compensation payable. (T/F)

- **19.** What is the minimum length of service requirement for entitlement to consideration under the presumptive provisions of the law?
- **20.** Which of the following diseases may not be presumed to be the result of herbicide exposure in a Vietnam veteran?
  - a. Liposarcoma
  - **b.** Prostate cancer
  - c. Colorectal cancer
  - d. Lung cancer
- **21.** What is the ending date for presumptions of service connection for undiagnosed illnesses in a Gulf War veteran?